



PHYSICIAN'S STATEMENT

In Connection With Disability Retirement Under the Civil Service Retirement System

Form Approved:
OMB No: 3206-0133
Expiration Date: 3/31/93

Section A - Identifying Information and Consent (to be completed by applicant)

1. Applicant's name (last, first, middle)		2. Date of birth (mo., day, yr.)	3. Social security number
Address to Which Physician Sends Statement →	4. Enter exact name and address (including ZIP Code) of your employing agency		
	5. I authorize the release to the Office of Personnel Management and my employing agency of any and all information or records connected with my disease or injury.		
Applicant's Consent to Release Medical Information	Signature (do not print)		Date
	Privacy Act and Public Burden Statements		
<p>Solicitation of this information is authorized by the Civil Service Retirement law (Chapter 83, title 5, U.S. Code). The information you furnish will be used to identify records properly association with your application for Federal benefits, to obtain additional information if necessary, to determine and allow present or future benefits, and to maintain a uniquely identifiable claim file. The information may be shared and is subject to verification, via paper, electronic media, or through the use of computer matching programs, with national, state, local or other charitable or social security administrative agencies in order to determine benefits under their programs, to obtain information necessary for determination or continuation of benefits under this program, or to report income for tax purposes. It may also be shared and verified, as noted above, with law enforcement agencies when they are</p> <p>investigating a violation or potential violation of the civil or criminal law. Executive Order 9397 (November 22, 1943) authorizes use of the Social Security Number. Furnishing the Social Security Number, as well as other data, is voluntary, but failure to do so may delay or make it impossible for us to determine your eligibility to receive benefits.</p> <p>We think this form takes an average 60 minutes per response to complete, including the time for reviewing instructions, getting the needed data, and reviewing the completed form. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Management and Budget, Paperwork Reduction Project (3206-0133), Washington, D.C. 20503.</p>			

Section B - Medical Documentation (to be completed by physician)

INSTRUCTIONS	MEDICAL DOCUMENTATION REQUIREMENTS
<p>The individual identified above is requesting medical documentation that will be evaluated, along with non-medical documentation as described under "General Information" on the back, in connection with his or her application for disability retirement under the Civil Service Retirement System. This documentation may also be used in determining the employee's eligibility for reassignment to a position that he or she is medically able to perform. A copy of the individual's position description is attached for your information.</p> <ul style="list-style-type: none">The applicant is responsible for any costs incurred in connection with providing this documentation.Please provide the medical documentation requested under "MEDICAL DOCUMENTATION REQUIREMENTS" on your letterhead stationery. It is important that you respond to every item listed. Enter the item number of the information requested and provide your response. If an item is not applicable to the applicant's medical condition, enter "Not Applicable." Include in your statement the identifying information in Section A, items 1 through 3, above. Failure to complete the Physician's Statement properly will delay the processing of your patient's disability retirement application.Enclose your report and any attachments in a sealed envelope marked "Disability - Privileged - Private." Send it to the address shown in Section A, item 4. You may, if you wish, give it directly to the applicant for delivery to the employing agency.Please complete this statement within 2 weeks. Be sure to sign the report. Include your address and telephone number.	<p>You Must Provide the Following Information:</p> <ol style="list-style-type: none">A comprehensive history of this patient's medical condition(s). This must include detailed information regarding the symptoms and history, past and current physical findings, results of laboratory studies and therapy of this condition(s). Provide a discussion of patient compliance with therapy, response to therapy, and plans for future therapy. Also, provide copies of pertinent hospitalization summaries and operative reports.Copies of reports of all applicable diagnostic laboratory tests (e.g., hematologic, chemistry, electrophysiologic, radiologic, nuclear medicine, etc.). In the case of psychiatric disorders, provide the results of mental status examinations, personality tests, tests of cognitive function, educational evaluation, neuropsychiatric tests, etc.Diagnosis of the patient's condition(s). Preferably each diagnosis should be found in the current publication "International Classification of Diseases." In the case of psychiatric disorders, diagnostic titles and codes from the DSM III (R) should be used.An assessment of the degree to which the medical condition(s) has or has not become statis and an estimate of the expected date of full or partial recovery or remission.If restrictions have been placed on this patient's activities, please state what they are, why they have been imposed, and how long you expect these to be in effect.

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GENERAL INFORMATION

Disability retirement determinations are made in accordance with civil service retirement regulations. A finding of entitlement to disability retirement benefits is made only when the information submitted with the application shows that an employee is unable to perform useful and efficient service because of disease or injury (1) in the employee's current position or (2) within a vacant position, in the same agency and commuting area at the same grade or pay level and tenure, for which the employee is qualified for reassignment. Useful and efficient service means fully successful performance of the critical or essential elements of the position (or the ability to perform at that level) and satisfactory conduct and attendance.

The disability retirement application must contain documentation that specifically demonstrates:

1. A deficiency in service with respect to performance, conduct, or attendance, or, in the absence of any actual service deficiency, a showing that the medical condition is incompatible with either useful service or retention in the position.
2. A medical condition, which is defined as a disease or injury.
3. A relationship between the service deficiency and the medical condition such that the medical condition has caused the service deficiency.
4. The duration of the medical condition, both past and expected, and a showing that the condition, in all probability, will continue to be disabling for at least one year.
5. The applicant's inability to perform useful and efficient service arose while the employee was serving under the Civil Service Retirement System.
6. The inability of the employing agency to make reasonable accommodation to the employee's medical condition.
7. The absence of another available position, within the employing agency and commuting area at the same grade or pay level and tenure, to which the employee is qualified for reassignment.